

P I L O T R E P O R T

REPORT NP: _____

O₂ (PSI & CU. FT.) _____

ALTITUDE: _____

DATE: _____

ON: _____

TAKEOFF: _____

SEAT PACK: _____

OFF: _____

LANDING: _____

AIRCRAFT: _____

NAME: _____

HARD PAT: _____

WIRE HARNESS: _____

HELMET: _____

FACE PLATE: _____

SUIT: _____

GLOVES: _____

BOOTS: _____

SEAT PACK: _____

TOTAL HOURS ON REGULATOR: _____

RADIO: _____

MEDICAL: _____

PREFLIGHT: TEMP.
 PULSE.
 RESP.

POST FLIGHT: _____

REMARKS: _____

COMMENTS: _____

RECOMMENDATIONS: _____